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Cover Page Footnote

A graduate of Cambridge (Trinity), Dr. Collins has produced editions of two Penny Dreadfuls (The String of Pearls and Wagner the Were-wolf) with a third (The Necromancer) forthcoming. Retired, he lives in County Cork, Ireland

The Devil and Daniel Farson: How Did Bram Stoker Die?

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This article does not claim to show definitively how Bram Stoker died. Its rather more modest aim is to analyze his death certificate, collate the data it offers with other known facts, and come to a reasonable hypothesis as to what actually killed him. A slightly more risky aim is to apply what we learn to the “mystery” illness he claimed to suffer from as a child, and see if any reasonable ideas emerge as to its nature. I emphasize the word “reasonable,” not as the opposite of “unreasonable,” but of “certain.” Any conclusions this article reaches are possible, but I make no claim that they are true.

Stoker’s Medical History

What is surprising is how little of this there is. Apart from a mystery childhood malady, (unnamed and unknown) and gout, there is no report that Stoker had any significant illness in his life before his first stroke in 1905, when he was 58. As a student at Trinity he excelled as an athlete. Doubtless he had the normal run of measles and chickenpox when young, and the inescapable colds and flu of adult life, but the overwhelming picture, painted by all, is of a strong, hearty, athletic man, with a gargantuan appetite for work. There are no reports of accidents or injuries.

Family history yields nothing. Abraham Stoker senior died at the age of 77, his mother Charlotte when she was 83. If either of them carried a hereditary medical condition, it was not one that shortened life. None of his siblings is reported to have suffered from anything that might have been hereditary – and since three became doctors, they would have been well placed to spot it if they had. Noel Stoker, his only child, was born and grew up healthy; his wife Florence died at 78, 28 years after Bram.

Stoker’s Death Certificate

Bram Stoker died on Saturday 20 April 1912, at 26 St. George’s Square, Pimlico. Dr. James Browne, who was either called in or was already present, certified that death had occurred. On Monday 22 April (the earliest available day, of course) Stoker’s son Noel went along to the Registrar and gave the necessary information. The certificate states that he was present at the death, as it always says of every informant; since Noel was living

nearby, at 5 Fernshaw Mansions, it may have been true. He signs his name as “N. Thornley Stoker.” Dr. Browne’s explanation clearly satisfied the Registrar, who issued a death certificate straight away: there was no thought of referring it to the Coroner’s Office. The information given is mostly uncontroversial.

The causes of death are written clearly:

Locomotor Ataxy 6 months
Granular Contracted
Kidney. Exhaustion
Certified by
James Browne M.D.

This death certificate shows most of the sins of the genre, and one or two of the virtues. No specific condition is mentioned, such as typhoid, neither is any general area of illness, such as heart or kidney disease. But it is far more informative than some, and it seems quite straightforward, raising no real problems of interpretation. “The devil is in the details,” as the saying goes, and here the very devil rears his horned head in those first two words: *Locomotor ataxy*. They have become the basis of one of the most popular and sensational explanations of Stoker’s death: that he had tertiary syphilis.

The Devil and Daniel Farson

Daniel Farson’s biography, *Bram Stoker: The Man Who Wrote Dracula*, first appeared in 1975. Much of it consists of précis and quotation from Stoker’s *Personal Reminiscences of Henry Irving* (1906), together with lengthy expositions of his novels and short stories. There is also (as might be expected) a great deal on vampirism in general, and Vlad the Impaler in particular. Though Farson was the grandson of Bram’s brother, Thomas, his biography contains little that is new from family sources; what there is, is sometimes confusing.

What sort of interpreter of fact is Farson? He is definitely not a man to damp down his speculations, or to underplay his conclusions. He finds the devil in everything. Typical of the book is the following:

The more I learn of Bram the more schizophrenic he appears. Prepared to use his fists, he “knocked down two ruffians and dragged them to the nearest police station,” when they tried to rob him as he returned to his hotel after a lecture to Edinburgh University; ready to risk his life, he jumped into the Thames from a passing boat when he saw a man drowning; but he was no less afraid to champion Walt Whitman when his *Selected Poems* were attacked by William Michael Rossetti in 1868 and were attacked as morally offensive. (19)

A diagnosis of schizophrenia seems premature on the basis of such behavior, and we may struggle to see any contradiction at all between these events. Perhaps Farson sees a dichotomy between being a manly man and admiring a homosexual writer? If so, we needn't take much notice. From Farson's biography, there emerges a picture of Stoker as a man of great physical strength, and with a highly developed sense of honor. Girt about with both qualities, he would have both the ability and the inclination to jump in and save the day (quite literally, in the second case), and also to stand up for someone who was being attacked, as he saw it, wrongly. Bram's madness is not yet proven.

Farson provides another anecdote, this time quoting his own late mother:

[S]he told me often how eccentric he was and how he took her to a royal procession, probably the Coronation of George Vth, when she would have been thirteen. Bram relished such occasions and went with Florence to 1 Stratton Street on 22 June 1897, as the guests of Mr and the Baroness Burdett-Coutts, to watch Queen Victoria go by on that "never to be forgotten day" of her Silver Jubilee [sic].

"He was rather dotty," said my mother.

"How dotty?"

"Well, really very dotty. He had Bright's Disease, you know. I remember how his behaviour startled the crowd, when he handed out oranges from a large paper bag." (232)

Dotty indeed! Clearly Farson's memory is at fault, if he cannot remember the occasion: I am sure Mrs. Farson would not have forgotten a Coronation.¹ The "never to be forgotten day" of Victoria's Silver Jubilee was in 1862, not 1897, and its celebration was muted, due to the Queen's devastating loss the year before – Prince Albert had died in 1861. The year 1897 marked her *Diamond* Jubilee, and the day was celebrated with near-ecstatic behavior throughout the Empire. On the whole, handing out oranges from a sack (if it was this day – Farson is not clear) does not seem demented, or even particularly excessive. The crowd may well have been pleased, rather than startled. In any case, though Bright's Disease, as a catch-all term for kidney conditions (see below), has many symptoms, a compulsion to hand out oranges is not one of them. On a day of universal celebration, Bram Stoker handed out oranges to the crowd. It was probably good nature, or good advertising for Irving's company. And good advertising for Stoker, too, and his new book.²

The rest of Farson's theory must be judged in accordance with his handling of the above. He states as a fact that "Bram died of tertiary syphilis" (233). A fair rule is that, in biography, any statement can be made, and every statement must be backed up. Farson duly quotes the death certificate, about which he consulted a doctor. He goes on as follows:

¹ The Coronation of King George V took place on 22 June 1911.

² Assuming this happened in 1897, not 1911.

My doctor was astonished that Dr Browne had not used a customary subterfuge, such as “specific disease.” “Locomotor ataxia” is the equivalent of *Tabes Dorsalis* and *General Paresis*, better known as GPI – General Paralysis of the Insane. (233)

Farson begins well, though not entirely accurately. “Locomotor ataxy” is an old term for “tabes dorsalis,” which *may* be caused by syphilis. “Tabes dorsalis” is the wasting (Latin *tabes*) of cells in the dorsal columns of the spine, which carry sensory impulses from the lower limbs. Without such sensory “feedback,” motion becomes uncertain, and there is a typical feet-slapping gait, with a sometimes precarious overall balance. “General Paresis” is an extreme symptom of syphilitic tabes, where the patient, according to the classic description, feels as if he were walking on cotton wool. Neither of them is GPI, a mental degeneration due to syphilis, with dramatic mood swings, often paranoid beliefs, and (again according to the classical picture) delusions of grandeur or omnipotence. I rather suspect that Farson asked his doctor about syphilis in general, received a conflation of the three quite separate conditions, and put it all down as “locomotor ataxy.”

He defeats his own case. There is no evidence at all that Stoker had symptoms suggesting GPI or General Paresis: and Dr. Browne, on the death certificate, does not say there were. He says that for the last six months Stoker had suffered from Locomotor Ataxy. And sadly for Farson’s thesis of syphilis, it is not the only cause of tabes, nor is it even the most common. Farson mentions none of the other causes, and syphilis wins a one-horse race.

The Love That Cannot Take Its Time

Is it likely that Stoker contracted syphilis? Farson’s suggestion is as follows:

He probably caught syphilis around the turn of the century, possibly as early as the year of *Dracula*, 1897. (It usually takes ten to fifteen years before it kills.) By 1897 it seems that he had been celibate for more than twenty years, as far as Florence was concerned. This would explain Bram’s reputation as a “womaniser.” Possibly the disease was contracted in Paris, where so many “faithful” husbands, such as Charles Dickens and Wilkie Collins, had gone for discreet pleasure before him. It is known that Bram did go to France on several occasions, and said the only words he needed there were “pain,” “vin” and “bain.” There is even the intriguing report that he brought money for Oscar Wilde, though this is not referred to in any of the Wilde letters. (234-5)

This is reasoning backwards from a guess, and without any evidence at all. Unless it is congenital, syphilis is contracted through sexual intercourse, and sexual intercourse

only. You do not get it from towels or toilet seats, and you most certainly don't get it by bringing money for someone – not even for Oscar Wilde. Few people have had their sex-lives scrutinized to the extent Bram's has been but there is no evidence that he ever had an affair, or a mistress, or used prostitutes. The claim that he had been celibate for more than twenty years "as far as Florence was concerned" is possibly true, though it doesn't prove anything at all; it is in any case blatant question-begging, slipping in the idea he had been un-celibate with someone else. There is absolutely no evidence for it, and it is hard to see how there would be. In Farson's own account, Bram Stoker was a rather stiff and old-fashioned Victorian gentleman: he simply does not come across as the type who regales his pals at the club with tales of his wife's frigidity.

Why could the opposite not be true? Even if the tale of their celibacy is true, is it not just as possible that the fault was on Bram's side? Farson refers to his reputation as a womaniser. Perhaps he just liked the company of women, as some men do? Certainly he seems to have put Woman on a pedestal, and though physically vigorous, his passions may have been more sporting or theatrical than sexual. We know, too, from his letters to Whitman, that Bram had homoerotic feelings – though, again, there is absolutely no evidence that he acted on them, any more than there is evidence he didn't. If one of the parties to the marriage was less than keen, it was not necessarily Florence Stoker. The truth is, perhaps, that so many people are so convinced that *Dracula* as *über*-pornographic, and have invested so much in psychoanalytic and other theories, that the idea of an impotent Stoker, a sexually inadequate Stoker or just a Stoker who wasn't interested in sex, is unthinkable. They need him frustrated, or gay, or better still both.

A word should be said in defence of Paris. There are more reasons for visiting that city than prostitution, and not everyone who went there was a sexual tourist, bringing back venereal disease with their duty free cognac. "Possibly the disease was contracted in Paris"; possibly, too, it was contracted in Reading, or Cardiff, or nowhere at all. There was sex (and syphilis) a-plenty in London. If Stoker was serious when he said he could get by with just "pain," "vin" and "bain," then he wouldn't have got too far with your average Parisian *demimondaine*. And in passing, a minor quibble: though Wilkie Collins certainly was a womaniser, he was never an unfaithful husband. Collins never married.

In summary, there is good evidence that Stoker had locomotor ataxia in the last six months of his life, but there is none to say he had syphilis. Nor is there any to say he was unfaithful to Florence, or that Florence was unfaithful to him. Stoker's syphilis seems rooted in a partisan reading of two words, and our wish for sensation. The reasonable position, in the absence of compelling and unequivocal evidence, is to say he did not have syphilis. We must look for another cause of death, and there are several to choose from.

Bright's Disease

On the death certificate, Dr. Browne mentions a contracted, granular kidney. Such a specific description of an organ usually out of the doctor's sight suggests he had known about it for some time. And if that is so, locomotor ataxy was not suspected of

contributing to the death. Locomotor ataxia does not kill the sufferer; however, over a fairly short term, having a granular contracted kidney *will*. If Dr. Browne intended anything to be taken as the cause of death, it was that kidney.

In 1858 (the year of Florence Stoker's birth), the London physician John Bright discovered protein in the urine of persons suffering from kidney disease. For a while the finding was confused with the disease itself, though we have long known that the causes of albuminuria are many and various, and not all of them are pathological. "Bright's disease" became an umbrella term for all sorts of inflammations of the kidney, or nephritis, especially the form known as glomerulonephritis. It is commonly associated with high blood pressure, which can of course easily be fatal. The term "Bright's disease" is never used today, as it is close to meaningless.

At his death Bram Stoker had a contracted, granular kidney. It is unlikely to have been a recent development, and he is likely to have had symptoms from it. We know that following Irving's death in 1905 Stoker had a stroke that laid him out for 24 hours, and subsequently affected his eyesight. This cannot have been a major cerebrovascular incident, and it is more likely to have been what is called today a transient ischaemic attack – a momentary lack of blood to the brain. A TIA is often caused by high blood pressure, or occurs more often in hypertensive people. We should note also that strokes, and heart attacks, and migraines, for that matter, tend to come on not in the thick of stress but after that stress has gone. Stress is good for you, just like exercise is good for you; what is bad for you is constant stress that cannot be resolved. The loss of a beloved friend like Henry Irving would certainly have such a stressful occurrence, and a TIA is *a fortiori* likely in a hypertensive man who has lost someone he loved. Stoker suffered another stroke a few years later: with two under his belt, it is almost certain that there was a single underlying pathology. With the presence of a contracted, granular kidney, a diagnosis of Bright's disease, and strong evidence of hypertension, that pathology is not hard to guess. Dr. Browne wrote "Exhaustion," which under the circumstances means heart failure, brought on by chronic hypertension, secondary to renal disease. What the specific renal affliction was we do not know, and it is unnecessary to guess.

Gout

Stoker suffered from gout, or did so from time to time. Gout is an exquisitely painful condition of the joints, which occurs when uric acid cannot be excreted from the body, and forms crystals. These are deposited in the articular cartilages of joints, causing a severe arthritis.

There is a predisposition to gout: because of a congenital or hereditary weakness, the kidneys work below the level needed to excrete enough uric acid. It is also possible to overload the kidneys with protein and alcohol, so that even a normal metabolism could not deal with the amount; but with his documented history of renal disease, it is probable Stoker was one of the former, less indulgent type of gout-sufferers.

Gout being a sort of arthritis, the patient's gait is affected – when they are able to walk at all, during an attack. It is tempting, therefore, to suggest that the locomotor ataxia

was due to long-standing gout. Almost certainly it was not: Stoker was known to have gout, every doctor in England had seen cases of gout, and no one would have tried to disguise the condition under a soothing euphemism. Dr. Browne would have written: "Gout." It is important as confirming Stoker's tendency to renal disease, but otherwise, however painful, it is innocent.

The Childhood Illness

Bearing in mind these thoughts about the end of his life, we can turn back to the beginning. Stoker's mystery malady has been much discussed, and Joseph Bierman has even touted it as a possible genesis for *Dracula*.³ The fact is we do not know what it was, or even that he had one; and nor did Stoker.

In his *Personal Reminiscences of Henry Irving*, Stoker describes the overwhelming sensations he felt when listening to Irving recite Hood's *Dream of Eugene Aram*:

I was no hysterical subject. I was no green youth; no weak individual, yielding to a superior emotional force. I was as men go a strong man... I was a very strong man. It is true I had known weakness. In my babyhood I used, *I understand*, to be often at the point of death. Certainly till I was about seven years old I never knew what it was to stand upright...

When, therefore, after his recitation I became hysterical, it was distinctly a surprise to my friends; for myself surprise had no part in my then state of mind. [my italics] (1:31-32)

"He stressed his physical strength," asserts Farson, "not in his vindication but in praise of Irving's 'splendid power' which had moved him so greatly" (30). In fact, self-vindication seems to be exactly the point. He is recalling the effect his hysteria had on his friends, and is embarrassed by the recollection: the childhood illness is cited as a weakness that might account for it. Whether or not one accepts this point is immaterial, and it is not a strong one: the vital portion of this passage is those two simple words, *I understand*. Their meaning is equally simple: as far as the childhood illness goes, Stoker is entirely dependent for his knowledge of it on what he was told by others, probably his mother. If he himself had any memory of what brought him "to the point of death," he would not have used those words. Indeed, in the abridged edition of *Personal Reminiscences*, published in 1907, he changes the relevant sentence to "In my childhood I had known much illness" (20). This is probably more true.

³ See Bierman, Joseph S. "A Crucial Stage in the Writing of *Dracula*," in *Bram Stoker: History, Psychoanalysis and the Gothic*, ed. William Hughes and Andrew Smith (New York: St. Martin's, 1998) 151-172.

“Certainly,” Stoker continues, “till I was about seven years old I never knew what it was to stand upright” (1:32). This indicates a physical condition, one that we need to try to identify. Clearly, severe afflictions such as poliomyelitis or tuberculosis of the spine can be ruled out: they leave severe *sequelae*, which we do not see in Stoker’s later life. Congenital malformations, such as congenital dislocation of the hip, can also be rejected. If they were cured it would have been with long-term treatments, such as stretching of the limbs, long-term abduction of the hips in a frog-plaster, or even surgery, which Bram and others would have remembered. If they were not cured, he would not have been the athlete he was. So, too, spinal injuries are out, though they are another very common cause of *tabes dorsalis*. We are looking for something altogether more insidious.

Many people have decided that, since Bram showed no signs of illness in later life, then either there was no childhood illness, or it was something that “disappeared.” Illnesses do go away, of course, but there is a further possibility – that it was something he *overcame*. That sounds odd, because he must have overcome it without himself or anyone else realizing it. But in fact this happens all the time. The governing rule in orthopaedics is Wolfe’s Law: *Structure Adapts To Function*. The anatomy of the body changes to accommodate what it is supposed to do. A minor deformation can be removed simply by making sure the child moves as if the deformation were not there: by training the child to walk properly, for example. This is the guiding principle in occupational therapy, physiotherapy, the Alexander Technique, even by extension some forms of cognitive psychotherapy. The same principle applies throughout the range of muscular-skeletal function, and its effects can be extremely far-reaching. There is probably no one over the age of 25 who doesn’t show some application of Wolfe’s Law, however trivial. Think, for example, of that Holmesian favorite, the carpenter whose right hand is twice the size of the other. Perhaps we are looking for a condition that can be alleviated by training.

Stoker could not stand upright until he was seven. He does not say he could not stand at all, just that he couldn’t stand upright. That suggests an affliction of the spine, though an obvious lesion, such as a curvature, would have been treated with stretching, exercises and plaster beds, etc. If we now recall that, at the end of his life, Stoker had another spinal affliction, locomotor ataxia, it is possible that the lesion was internal, and affected the nerves, rather than external, affecting the spinal vertebrae. There is a fairly common condition that fits this bill exactly: *spina bifida occulta*.

In normal anatomy, the nerves that come down from the spinal cord to the lower limbs are completely encased in the spinal column. In some cases the casing is incomplete, and a number of the nerves are exposed: this is *spina bifida*, two-fold spine. Sometimes this is accompanied by a gross deformity of the back, where the spine and the nerves are exposed to view, and then it is a crippling condition: *spina bifida aperta*. But far more commonly the lesion is covered with skin: *spina bifida occulta*. Figures for the latter condition range anywhere between 5% and 25% of the population, depending on the study, and it is either more common in Western Europe, or more frequently diagnosed. The degree of disability varies enormously from person to person. The enormous majority of sufferers do not suffer at all – the deformity can predispose them

more easily to slipping a disk, but mostly it is harmless and so unsuspected, and usually only found by chance if there is a post-mortem that invades the lower back. But around 2% of sufferers can have a far worse time of it: and as children they can suffer a range of symptoms that include bedwetting, a difference in the length of the legs, sensory loss to the legs and feet, and problems with walking – yes, including a long delay in learning to walk. All these things can be overcome, and apparently eradicated, with time and patience. Poor health or a bout of illness can allow it to resurface.

It will be seen very readily that, although aetiologically quite different, spina bifida occulta (SBO) and tabes dorsalis can present in quite similar ways. Given that SBO is an anatomical condition it does not go away, and some of its effects only show much later. If Stoker had SBO, and his health was failing in the last year of his life, then the locomotor ataxia is far more easily explained by SBO than by syphilis.

I say “if Stoker had SBO”: new evidence could only be gained by a post-mortem, which will never be possible, because he was cremated. But it is the best explanation we have. It covers all the known facts, and explains them as a whole:

- it is consistent with his death certificate;
- it is consistent with his character;
- it accounts for the “mysterious childhood illness”;
- it accounts for why it seemed to disappear in adult life, without trace;
- it accounts for the diagnosis of tabes dorsalis, in the probable absence of syphilis.

No other condition covers all these points, at all, leave alone so well. I recommend it as the clearest explanation. Similarly, the reading of the death certificate that Dr. Browne intended to convey is that Stoker died of heart failure, a consequence of long-term hypertension, secondary to renal disease. The most straightforward explanation often is to be preferred. “The way out,” said Confucius, “is through the door.”

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⁴ A copy of the certificate can be found online at www.ucs.mun.ca/~emiller/stokerdeath.jpg

